

# Form SPSW-1

## SPECIAL WASTE DISPOSAL REQUEST PROPOSED RECEIVING FACILITY

**Section I. Solid Waste Management Facility Identification:**

Facility Name: \_\_\_\_\_

Facility Permit No. \_\_\_\_\_

Facility Location: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

**Section II. Request**

I hereby seek a letter of clarification from the Department as to whether this SWMF may receive the special waste described in the attached documents for disposal. The waste is described as follows:

Generator:  
\_\_\_\_\_

General Description of Waste:  
\_\_\_\_\_  
\_\_\_\_\_

Form SPSW-2 Attached? Yes ( ) No ( )

Form SPSW-3 Attached? Yes ( ) No ( )

Attachments:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

g. -----

h. -----

**Section III. Facility Compliance Information**

1. Is the facility implementing a groundwater monitoring program in accordance with VSWMR Part V?  

( ) N/A ( ) Yes ( ) No
2. Has the facility evaluated the groundwater data and submitted any required notifications and the required reports?  

( ) N/A ( ) Yes ( ) No
3. Is the cell in which the special waste is to be disposed underlain with a synthetic or compacted soil liner with a hydraulic conductivity of no more than  $1 \times 10^{-7}$  cm per second?  

( ) N/A ( ) Yes ( ) No
4. Is the cell in which the special waste is to be disposed underlain with a leachate collection system?  

( ) N/A ( ) Yes ( ) No
5. Does the facility have financial assurance as required by the Financial Assurance Regulations of Solid Waste Facilities (9 VAC 20-70-10 et seq.)?  

( ) N/A ( ) Yes ( ) No
6. Is the facility operating within compliance of the VSWMR such that it received an overall rating of at least satisfactory on its most recent Compliance Inspection Report?  

( ) N/A ( ) Yes ( ) No

**Note: Non-compliance with any of the above may jeopardize the special waste disposal request.**

**Section IV. Waste Stream Verification**

1. Have you examined the information submitted by the generator and determined that the special waste is not prohibited by your permit and/or the VSWMR?  

( ) Yes ( ) No
2. Does the facility have as part of its written operational plan, and implement, an active waste analysis program for confirming that the special waste received in conjunction with this request is only the waste as described by the generator?  

( ) Yes ( ) No

Note: If, after receiving a letter of clarification from the Department which approves the special waste disposal request, a facility determines that the waste it receives does not conform to the information submitted on Form SPSW-2, the SWMF shall reject the waste and notify the generator and the Department of the circumstances of the rejection, including any information that the waste may be a hazardous waste.

**Certification**

I am authorized by the Virginia Board for Waste Management Facility Operators (VBWMFO) to act as a waste management facility operator for this Solid Waste Management Facility. I hereby certify that the above information is true and accurate to the best of my knowledge upon diligent inquiry. I request that the Department evaluate the request for disposal of the special waste within this facility.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

VBWMFO Certification No.: \_\_\_\_\_ Class:  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_